any found in the baby's intestine soon after birth; but the child died after eleven days, with a temperature of 106° F., and multiple hemorrhages from all mucous surfaces. The feces of this infant contained the bacillus coli communis and the micrococcus pyogenes aureus. The mother of this child became uræmic before its birth, and the author is inclined to attribute much of the infant's condition to the mother's deficient excretion.

All infants showing a tendency to green stools, discharge of blood, or hemorrhages from mucous surfaces, were therefore treated by copious intestinal irrigations with normal salt solution; the result, with the exception of the two cases mentioned, was gradual improvement. Although the mother's milk could not be proved in all cases to be at fault, still, unless prompt improvement followed the irrigation, breast-nursing was suspended for a partially digested milk mixture. No other method of treatment seemed of the slightest avail.

The author has isolated from three fatal cases of acute hæmoglobinæmia a germ resembling that associated with yellow fever, which is capable of transmission through pregnant animals to their young.

New Methods of Resuscitating Stillborn and Feeble-born Infants.—BEDFORD BROWN (*Therapeutic Gazette*, 1897, vol. xxi., No. 6) in a timely paper under this heading distinguishes between the stillborn and deadborn thus: In both conditions the vital functions are in a state of absolute suspension—in the deadborn, permanently; in the other, temporarily. Again, in the one the vital functions cannot be resuscitated, while in the other they can be restored. In the stillborn infant the cardiac sounds are absent, and there is entire suspension of the pulse; the muscles are perfectly limp and relaxed; the function of respiration is absolutely suspended; yet the vital spark is retained and capable of being restored to vigorous life. In the feeble-born the cardiac sounds are barely perceptible; the function of respiration amounts to a mere occasional sigh or gasp; the reflex functions of the cord are greatly impaired, and so are sensation and muscular or voluntary action.

The most certain test to distinguish between the stillborn and the deadborn is the temperature. In the former the rectal temperature may be two or three degrees below the normal; in the latter ten or fifteen degrees below normal will be registered. The maintenance of a temperature near normal, then, offers the most significant indication for persistence in efforts at resuscitation. The author has seen infants restored after twenty or more minutes of total suspension of cardiac action and respiration.

Another valuable sign is the state of the pupil. In the dead the pupil is widely dilated, while in the stillborn it is but little, if at all, relaxed.

In the treatment of stillborn and feeble-born infants the author has found that subcutaneous medication is the most efficient and successful method. First, he inserts in each arm, by hypodermic syringe, four or five drops of whiskey and a single drop of tincture of belladonna. The stillborn infant will usually respond quickly and promptly to this stimulation. If there is no response, or a very feeble one, he injects a drachm or two of warm, sterilized water under the skin, and about two drachms with a drop of aromatic spirits of ammonia into the bowel, and then awaits results. The first indication of a response to these hypodermic remedies is soon manifested; the muscles of the eyelids contract, and the eyes, previously closed, suddenly open; the respiratory muscles act, the glottis opens, air is inhaled, and suddenly exhaled with the well-known cry. The heart begins to beat, and pulsation appears at the wrist. In his observation the respiration has always been restored before the action of the heart. In case of marked cyanosis he has found subcutaneous injection of warm water at a temperature of 102° or 103° flushed the skin, aided in oxygenation, stimulated the heart, and increased the temperature. The application of dry heat by means of a well-covered hot-water bag should follow the treatment in all cases. The hypodermics may be repeated according to necessity until deglutition is established, when a drop each of aromatic spirits, tincture of belladonna, and brandy may be given in warm milk or tea until reaction is thoroughly established.

Motor Aphasia at the Beginning of Scarlatina.—BRASCH (*Berliner klinische Wochenschrift*, 1897, No. 2, S. 30) reports a case of scarlatina in a girl, aged three and one-half years, in which motor aphasia appeared on the fourth or fifth day of the eruption, thus differing from the usual time of appearance, which is late in the disease, ordinarily about the time of appearance of renal symptoms, and is a symptom of uræmia. In the case reported the speech-disturbance disappeared after fifteen days.

The author has searched the literature, but has found no other case of aphasia at the beginning of scarlatina. The observation shows that the prognosis of aphasia in these cases in children is good.

Poisoning by Bromoform.—Since the introduction of bromoform by Stepp, in 1889, for the treatment of pertussis, not a few cases of poisoning have been reported. Boergner has collected fourteen cases, and recently in discussion (*Der Kinderarzt*, 1897, viii. 49) LANGE, of Leipzic, reported a fatal case in an older child who had taken the ordinary dose. REMBE, at the same time, gave the notes of another case, fortunately not fatal, occurring in his own practice. The patient was a boy, aged seven years. Under the use of antipyrin the paroxysms averaged about six daily. He was prevailed upon by the parents to substitute bromoform. Five drops were given three times daily. About a week later the child became unconscious shortly after receiving from six to eight drops given by mistake in addition to the regular evening dose. The boy was comatose, and could not be roused by any form of irritation. The limbs were completely relaxed, and he could not swallow. Respiration and pulse were both normal. Coffee with brandy was ordered, to be given when the patient became able to swallow. By next morning the boy was well, except for slight drowsiness. No paroxysm of whooping had occurred since the extra dose had been administered.

The appearance of the boy when first seen was as one deeply chloroformed, and it is probable that in the system bromoform gives origin to chloroform. The whole dose ingested during the evening probably did not exceed fifteen drops. The case, therefore, offers a warning against any but the most careful administration of the drug.